

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S86318

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** CONSTRUCTION PROFESSIONALS OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

1942 GROVE BLUFF CIR W  
ST JOHNS, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 600253  
ST JOHNS, FL 32260 US

**New Mailing Address:**

1942 GROVE BLUFF CIR W  
ST JOHNS, FL 32259 US

**FEI Number:** 59-3094223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NIPPER, JAMES L.  
200 WEST FORSYTH ST.  
SUITE 1004  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** ENSZ, RICHARD L  
**Address:** 1942 GROVE BLUFF CIR W  
**City-St-Zip:** ST JOHNS, FL 32259

**Title:** ST  
**Name:** ENSZ, LORRAINE  
**Address:** 1942 GROVE BLUFF CIR W  
**City-St-Zip:** ST JOHNS, FL 32259

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LORRAINE ENSZ

ST

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date